

Center ID: ____ Clinic ID: ____

Study ID: ____



T L C

Treatment of Lead-Exposed Children

Medicine Diary

Form MEDDIARY.00

Child's name _____

Clinic _____

Interviewer _____

Physician _____

Please bring this diary and the
medicine bottle with you when you
come to the TLC office for your next

Center ID: _____ Clinic ID: _____

Study ID: _____

Center ID: _____ Clinic ID: _____

Study ID: _____

TLC Trial Form MEDDIARY.00

Medicine Diary

INSTRUCTIONS: TLC personnel will fill in dates of visits, number of capsules to give, best time for each dose, date and day of week on calendar.



The medicine used in this study is a new drug that is being studied in children with moderate lead exposure. Half the children will receive active drug and half will receive inactive drug. The medicine may smell strange and may make your child's breath and urine smell strange. Don't worry about the smell. If you have any questions about the medicine or the way it makes your child feel, talk to your TLC nurse.

How often does my child have to take the medicine? The medicine schedule your TLC nurse sets up for your child must be followed to help the medicine do the most good. Every day for the first week (7 days) your child must take the medicine 3 times, once in the morning, once in the afternoon, and once in the evening.



Then for 19 days, your child must take the medicine 2 times: once in the morning and once in the evening.



It is very important that your child take the medicine exactly as the TLC nurse tells you. Do not miss any of the doses, or the medicine will not work as well as it should. Follow the TLC nurse's instructions to give the medicine the best chance of removing the lead from your child's body. The medicine calendar in this diary will help you remember when to give the medicine.

How can I get my child to take the medicine? The TLC nurse will show you how to open the capsule and mix the beads with a small amount of *room temperature* fruit juice (apple, cranberry or orange) or soda (7[®], Coca-Cola). The medicine can also be mixed with a small amount of applesauce or jelly. Please **do not** mix it with chocolate pudding or syrup. Do this right at the time the dose is to be given and make sure that **all** of medicine and food is eaten.



This medicine can sometimes make a child extra thirsty. Make sure your child has enough to drink every day.



For the first 7 days . . .

Give your child the medicine dose 3 times a day for 7 days.

Use the number of capsules written in the box for each dose.

Mark the box with a "✓" each time you give a dose of medicine to your child.

Day of Week	Date	Best Time	Best Time	Best Time	Was your child sick today?	Did your child take any other medicine today?		
		:	:	:				
		Morning	Afternoon	Evening				
		Number of Capsules to Give						
	/				Circle: Y-Yes N-No	What was wrong?	Circle: Y-Yes N-No	What medicine did she or he take?
	/				Y N		Y N	
	/				Y N		Y N	
	/				Y N		Y N	
	/				Y N		Y N	
	/				Y N		Y N	
	/				Y N		Y N	
	/				Y N		Y N	

You have a TLC Clinic visit on _____, ____/____/____
 day of week _____ date _____
 at _____
 time _____

Remember to bring this diary and the medicine bottle when you come for your visit!

Center ID: _____ Clinic ID: _____

Study ID: _____

Center ID: _____ Clinic ID: _____

Study ID: _____

Please Note: The dosage changes this week!

For the next 19 days . . .

Give your child the medicine dose 2 times a day for 19 days.

Use the number of capsules written in the box for each dose.

Mark the box with a "✓" each time you give a dose of medicine to your child...

Day of Week	Date	Best Time	Best Time	Was your child sick today?	Did your child take any other medicine today?	
		:	:			
		Morning	Evening			
		Number of Capsules to Give	Circle: Y-Yes N- No			
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N
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	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N

Day of Week	Date	Best Time	Best Time	Was your child sick today?	Did your child take any other medicine today?	
		:	:			
		Morning	Evening			
		Number of Capsules to Give	Circle: Y-Yes N- No			
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N
	/			Y N		Y N

You have a TLC Clinic visit on _____, ____/____/____
 day of week date
 at _____
 time

Don't forget to bring this diary and the medicine bottle when you come for your visit!